MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94E)

02402

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico
County
City or town Parsonsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: R.F.D. #1.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 63 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Parsonsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. #1.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillie J. Adkins

3. (b) Social Security Number

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James W. Adkins
6(c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.): Oct 11. 1876

8. AGE: Years 63 | Months 4 | Days 12 | If less than one day ___ hrs. ___ min.

9. Birthplace: Near Parsonsburg Md.
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home

FATHER
12. Name: Sylvanus J. Tilghman
13. Birthplace: Near Parsonsburg Md

MOTHER
14. Maiden name: Catherine Mills
15. Birthplace: Near Salisbury Md.

16. Informant: James W. Adkins
Address: R.F.D. #1. Parsonsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 25-40 (month) (day) (year)
Cemetery or crematory: Forest Grove Cem
Location: Holloway & Co. Walter R. Holloway
18. Funeral director: Cem. Near Parsonsburg Md.
Address: Salisbury Maryland

19. 2/25 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23. 1940 — 230 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939, to Feb 23 1940 and that I last saw her alive on 2/23/40 19

Immediate cause of death: Angina Pectoris — DURATION: 8 hours
Due to: Hypertension — 2 years
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles F. Brown M.D.
M. D. or other
Address Salisbury Md Date signed 2/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

02403

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 26 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Mary Virginia Aydelotte

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	married

6 (b) Name of husband or wife: Henry Aydelotte

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): April 22, 1873

8. AGE: Years	Months	Days	If less than one day
66	8	11	____ hrs. — min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: John G. Haynes

13. Birthplace: Md

MOTHER — 14. Maiden name: Margaret Richards

15. Birthplace: Md

16. Informant: Henry Aydelotte

Address: Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 6, 1940 (month) (day) (year)

Cemetery or crematory: Berlin Md

Location: Berlin Md

18. Funeral director: J. W. Burbage

Address: Berlin Md

19. 2/6 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 3 1940, at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 25 1939, to Feb 3 1940, and that I last saw h alive on Feb 3 1940.

Immediate cause of death	DURATION
Sclerosis Vent.	1939
Due to Chr. Int. Nephritis	1938
Due to	
Other conditions Arter. Sclerosis	1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. D. Lacy M. D. or other

Address: Salisbury Md Date signed 2/3/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

02404

CERTIFICATE OF DEATH

Reg. Dist. No. 331

1. PLACE OF DEATH: Wicomico

County

City or town Hebron

(If outside city or town limits, write RURAL NEAR and give town)

Street address (hospital, or institution): RD. #1.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Hebron Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. RD #1.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Simeon W. Banks

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Aurena Banks

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Feb. 21. 1868

8. AGE: Years 72 Months Days 3 If less than one day hrs. min.

9. Birthplace Siloam Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name Gamahle Banks
13. Birthplace Siloam Md.

MOTHER
14. Maiden name Elizabeth Dickerson
15. Birthplace Siloam Md.

16. Informant Mrs Lena Overton

Address Quantico Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 26-40 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. Feb 25 1940 (Date rec'd by registrar) Mrs J M Vallee Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24-194 19 6.55 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 23rd 1940, to Feb. 24 1940, and that I last saw him alive on Feb. 24th 1940.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Emrich M.D. M. D. or other

Address Hebron Md. Date signed Feb. 24

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (314)

CERTIFICATE OF DEATH

02405

Reg. Dist. No. 333

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and gives town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 mo. 15 ds
Stay in this community (yrs., or mos., or days): 83 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Nanticoke Springs, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Bounds

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

B (b) Name of husband or wife: Elizabeth Bounds
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 27, 1856.

8. AGE:

Years	Months	Days	If less than one day
83	7	17	hrs. min.

9. Birthplace: Nanticoke Springs, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: Nurse

11. Industry or business

FATHER
12. Name: William Bounds
13. Birthplace: Wicomico Co. Md.

MOTHER
14. Maiden name: Elizabeth Lowe
15. Birthplace: Wicomico Co. Md.

16. Informant: Marcellus H. Bounds,
Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/15/40 (month) (day) (year)
Cemetery or crematory: Nanticoke
Location: Nanticoke Springs, Md.

18. Funeral director: De Witt A. Johnson Co.
Address: Salisbury, Md.

19. 2/26/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

Dated

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 13, 1940, at 6.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Feb 13 1940, and that I last saw h[illegible] alive on Feb 13 1940.

Immediate cause of death: acute exacerbation of Chronic Nephritis — DURATION

Due to: Senile Arterio-sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: D. Allen Deeds M. D. or other
Address: Nanticoke Md. Date signed 2-15-40

Letter in file and Johnson re date of issuing burial permit.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86)

CERTIFICATE OF DEATH

02406

Reg. Dist. No. 33-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury Res. Hosp.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): x md

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: md County: Worcester
City or town: Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Baby Brittingham, Patricia anne.

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: w
6. (a) Single, married, widowed, or divorced: —
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Dec. 2, 1939
8. AGE: Years: — Months: 2 Days: 13 If less than one day: 2 hrs. — min.
9. Birthplace: Berlin, md (Town, county, and state)
10. Usual occupation: —
11. Industry or business: —
FATHER 12. Name: Arthur Brittingham
13. Birthplace: md
MOTHER 14. Maiden name: Martha Veluth
15. Birthplace: md.
16. Informant: Arthur Brittingham
Address: Berlin md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/17/40 (month) (day) (year)
Cemetery or crematory: Berlin
Location: Berlin md.
18. Funeral director: J. W. Burbage
Address: Berlin md
19. 2/16 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 16 1940, at 3P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 16 1940, to Feb 16 1940, and that I last saw h alive on Feb 16 1940

	DURATION
Immediate cause of death: Convulsions	2
Due to: Salicylism, alcohol an hour after entering	
Due to: Morphine	
Other conditions: Biliary Cause; Congenital debility. Pneumonia.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Brittingham M. D.
M. D. or other
Address: Salisbury Date signed: Feb 16-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02407

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Bathell St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Allen Byrd

3. (b) Social Security Number: no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	a a	widower

6 (b) Name of husband or wife: Charlotte Byrd

6 (c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): — — 1857

8. AGE: Years	Months	Days	If less than one day
73			hrs. min.

9. Birthplace: Salisbury md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: no

FATHER
12. Name: Unknown
13. Birthplace: unknown

MOTHER
14. Maiden name: Charity Byrd
15. Birthplace: Salisbury md

16. Informant: Mrs Bathell Williams
Address: Hurlland md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 9-1940 (month) (day) (year)

Cemetery or crematory: Hanston

Location: Salisbury md

18. Funeral director: James F Stewart

Address: Salisbury md

19. 2/9, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 6 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 1940 to Feb 6 1940, and that I last saw h— alive on Feb 6 1940

Immediate cause of death	DURATION
Acute Myocarditis	
Due to Chr. Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: — Injured at work?

23. SIGNATURE: T. W. Wells M. D. or other

Address: Salisbury Date signed 2/6/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122a)

CB

02408

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 1/2

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: Sussex
(For newborn infants give residence of mother)

State Delaware County Delmar

City or town Delmar, Del Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R F D 2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Edgar Durand Calloway

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Annie Calloway

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Aug 6 - 1881

8. AGE:

Years	Months	Days	If less than one day
58	5	26	hrs. min.

9. Birthplace Delmar Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Isaac Merrill Calloway
13. Birthplace Wicomico County - Md.

MOTHER
14. Maiden name Virginia Phillips
15. Birthplace Maryland

16. Informant Mrs Anna Calloway
Address Delmar, Del R F D 2

17. Burial (Burial, [redacted]?) Date thereof 2-4-40 (month) (day) (year)

Cemetery ~~or crematory~~ M. P. Cemetery

Location Delmar, Del.

18. Funeral director Will S. Marvel
Address Delmar, Delaware

19. 2/2, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1940, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 30 1940, to Feb 2 1940, and that I last saw h 1 m alive on Feb 2 1940.

Immediate cause of death	DURATION
Intestinal obstruction	4 days
Due to Strangulated Femoral Hernia - Rt.	4 days.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations gangrenous ileum and obstruction.
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L A Rademaker M.D.
M. D. or other
Address Salisbury, Md Date signed 2/2/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12)

CERTIFICATE OF DEATH

02409

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico.
City or town: Powellsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Powellsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sophonia Bell Campbell

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Rev David T. Campbell
6(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Aug 2nd 1880

8. AGE:

Years	Months	Days	If less than one day
59	6	22	hrs. min.

9. Birthplace: Whitesville Del
(Town, county, and state)
10. Usual occupation: House work
11. Industry or business
FATHER
12. Name: Wm. S. White
13. Birthplace: Whitesville Del
MOTHER
14. Maiden name: Rittie J Truitt
15. Birthplace: Whitesville Del
16. Informant: Rev David T. Campbell
Address: Powellsville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 26 1940 (month) (day) (year)
Cemetery or crematory: Melson Cemetary
Location: Near Delmar. Del.
18. Funeral director: Wm. Howard Wells.
Address: Pittsville. Md.
19. Feb. 25 1940 (Date rec'd by registrar) Lillian R. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 24th 1940 at 9.40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1939 to date of death, and that I last saw h alive on Feb 25 1940.

Immediate cause of death	DURATION
Peritonitis, generalized	1 week.
Due to ruptured appendicitis	
Due to	
Other conditions (Moderate degree of starvation due to insanity of patient.)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank A Lewis M.D.
M. D. or other
Address: Hallards Md Date signed 2-24-40

RECEIVED
MAR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-1)

CERTIFICATE OF DEATH

02410

Reg. Dist. No. 335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Sharptown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 24 yrs
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ara E. Caulk

3. (b) Social Security Number

4. Sex: F
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John H. Caulk
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Oct 1 1855
8. AGE: Years 84 | Months 3 | Days 3 | If less than one day hrs. min.
9. Birthplace Md (Town, county, and state)
10. Usual occupation House work
11. Industry or business
FATHER 12. Name Robert Elzey
13. Birthplace Md
MOTHER 14. Maiden name Sarah Robinson
15. Birthplace Md
16. Informant Sadie Nuttall
Address Sharptown
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 7 1940 (month) (day) (year)
Cemetery or crematory Taylors Cemetery
Location Sharptown
18. Funeral director Graham Bros
Address Sharptown
19. Feb 7 1940 (Date rec'd by registrar) Mary R Banks Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1940, at 8P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 26 1940, to Feb 4 1940, and that I last saw h- alive on Feb 4 1940.

	DURATION
Immediate cause of death: Arteriosclerosis. Myocarditis.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. S. Kuhlman M. D. or other
Address Sharptown Md Date signed 2/6/40

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10a)

CERTIFICATE OF DEATH

02411

Reg. Dist. No. 335

1. PLACE OF DEATH:
County: Waconico
City or town: Sharptown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Waconico
City or town: Sharptown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Carol Faye Cooper

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	White	

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 11 1940

8. AGE: Years | Months | Days: 2½ | If less than one day: hrs. min.

9. Birthplace: Sharptown
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: J. Laurence Cooper
13. Birthplace: Md.

MOTHER
14. Maiden name: Sarah Hurst
15. Birthplace: Md.

16. Informant: J. Laurance Cooper
Address: Sharptown

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Feb 14 1940
(month) (day) (year)
Cemetery or crematory: Protestant Cemetery
Location: Sharptown

18. Funeral director: Traverse Bros
Address: Sharptown

19. Feb 20 1940 (Date rec'd by registrar) Mary R. Banks Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 14 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-11-40 1940 to 2-14-40 1940, and that I last saw her alive on 2-14-40 1940.

Immediate cause of death	DURATION
Cerebral injury due to birth with respiratory	3 days
Due to Embarassment	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Mason Elliott M. D. or other
Address: Laurel - Del. Date signed 2-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (191-a) Reg. Dist. No. 332

CERTIFICATE OF DEATH

02412

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Near Pittsville Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Nr. Pittsville, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Joseph James Cordrey

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Caroline Cordrey

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23 1853

8. AGE: Years 86 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Near Whitesville Del
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business none

FATHER
12. Name Benjamin Cordrey
13. Birthplace Whitesville Del

MOTHER
14. Maiden Name Nancy Phillips
15. Birthplace Whitesville Del

16 (a) Informant Washington Cordrey
(b) Address Parsonsburg Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7 1940 (month) (day) (year)
(c) Cemetery or crematory Pine Cemetary
Location Near Whitesville Del

18 (a) Funeral director Wm. Howard Wells
(b) Address Pittsville Md

19 (a) Feb. 7, 1940 (Date rec'd by registrar) (b) William R. Davis Registrar
Local

MEDICAL CERTIFICATION

20. Date of death Feb 5 1940 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1936, to Feb 5 1940
and that I last saw him alive on Feb 5 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 wk
Due to Cardiac Vascular Renal Disease	10 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy ✓

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. F. Wood M.D. or other
Address Mardela Springs Md Date signed 2/6/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02413

1. PLACE OF DEATH (93-d)

County Wicomico Registration Dist. No. 333

Village or City Salisbury No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Gertrude Davis

(a) Residence: No. Salisbury, Md. (Rural) St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Green Davis

6. DATE OF BIRTH (month, day, and year) Sept. 22, 1854

7. AGE: Years 85 | Months 4 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worcester Co. Md.

FATHER

13. NAME Jacob M. Holloway

14. BIRTHPLACE (city or town) (State or country) Worcester Co. Md.

MOTHER

15. MAIDEN NAME Zillah M. Warren

16. BIRTHPLACE (city or town) (State or country) Worcester Co. Md.

17. INFORMANT (Address) Mrs. A. W. Hudson Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Red Men's Cem. Seekyville, Del. Date Feb. 20, 1940

19. UNDERTAKER (Address) Margarette H. Watson Pocomoke City, Md.

20. FILED 2/20, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2-16-40, 19 to 2-16-1940

I last saw her alive on 2-16, 1940; death is said to have occurred on the date stated above, at 11:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis, Chronic, C.W.S.R.
Duration: Unknown.
Hypertension

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank Lewis M. D.

(Address) Willards Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02414

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 115 Willow St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Princess Anne Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Greenwood Section
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Infant of Lillian Dennis

3. (b) Social Security Number: no

4. Sex: Male

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife: no

6(c) If alive, give age: no years

7. Birth date of deceased (mo., day, yr.): Feb. 28 - 1940

8. AGE: Years | Months | Days | If less than one day: 6 hrs. 20 min.

9. Birthplace: Salisbury, Maryland
(Town, county, and state)

10. Usual occupation: no

11. Industry or business: Infant no

FATHER
12. Name: unknown
13. Birthplace: unknown

MOTHER
14. Maiden name: Lillian Dennis
15. Birthplace: Princess Anne, Maryland

16. Informant: Lillian Dennis
Address: Princess Anne, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 6, 1940 (month) (day) (year)

Cemetery or crematory: Public

Location: Salisbury Md

18. Funeral director: James H. Stewart
Address: Salisbury Md

19. 3/6, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 28 1940, at 8 40 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 28 1940, to Feb 28 1940, and that I last saw him alive on Feb 28 1940.

Immediate cause of death: Premature birth at 7½ months

Due to: Spontaneous premature birth

Due to:

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. D. Browne, M. D.
M. D. or other

Address: Salisbury Md Date signed: 7/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 55-2

02415

CERTIFICATE OF DEATH

Reg. Dist. No. 3321

1. PLACE OF DEATH: Wicomico
County
City or town Parsonsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: village of Parsonsburg
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Parsonsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. in village
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Arthur T. Downs
3. (b) Social Security Number 219-05-3372 → None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Clara E. Downs
6(c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) Jan 26 - 1884
8. AGE: Years 56 Months 1 Days 2 If less than one day hrs. min.
9. Birthplace Sussex County Del.
(Town, county, and state)
10. Usual occupation retired Fireman
11. Industry or business Penna. R.R. Co.
FATHER 12. Name Thomas Downs
13. Birthplace Sussex County Del.
MOTHER 14. Maiden name Margaret Moore
15. Birthplace Gumboro Del.
16. Informant Mrs Clara E. Downs
Address Parsonsburg Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof Mar. 2-40 (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19 Mar. 2 1940 Lillian R. Davis Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28th 1940 19 9.05 P M, at
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 27 1940, to Feb 28 1940, and that I last saw him alive on 2/28 1940.

Immediate cause of death	DURATION
Acute Cardiac Delatation	Instant death
Due to Myocarditis	D.K.
Due to	
Other conditions Sarcoma of hand amputation of same	1938

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles F. Brown M.D.
M. D. or other
Address Salisbury Md. Date signed 3/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02416

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Wicomico Co
County
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 900 E. Church
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 78 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 900 E. Church
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph R. Driscoll
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Lillie M. Driscoll
6(c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.) Feb. 8-1862
8. AGE: Years 78 Months No. Days 10 If less than one day hrs. min.
9. Birthplace Wico. Co. near Salisbury Md.
(Town, county, or state)
10. Usual occupation retired Carpenter
11. Industry or business Home Carpenter
FATHER 12. Name Ebenezer Driscoll
13. Birthplace near Salisbury Md.
MOTHER 14. Maiden name Julia Baker
15. Birthplace Pittsville Md.
16. Informant Mrs. Lillie M. Driscoll
Address 900 E. Church st. Salisbury Md.
17. Burial Date thereof Feb. 20-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Hastings Cemetery
Location John Funk Farm
Near Mt. Hermon Church
18. Funeral director Holloway & Co. Walter R. Holloway.
Address Salisbury Md.
19. 2/20/40 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1940 (1.15a M)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-16 1940, to 2-18 1940, and that I last saw him alive on 2-17 1940.

	DURATION
Immediate cause of death Coronary Thrombosis	
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Autopsy?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. A. Insley M.D.
M. D. or other
Address Salisbury Md. Date signed 2-20-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

02417

CERTIFICATE OF DEATH

Reg. Dist. No. 323

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 304. Winder
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico Co
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 304. Winder
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Infant Baby Drummond
3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Baby
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feb. 24-1940
8. AGE: Years: Stillborn | Months | Days | If less than one day: ____ hrs. ____ min.
9. Birthplace: Salisbury Md.
(Town, county, and state)
10. Usual occupation: None
11. Industry or business
FATHER 12. Name: Robert Drummond
13. Birthplace: Accomac County Va.
MOTHER 14. Maiden name: Hazel Wilson
15. Birthplace: Crisfield Md
16. Informant: Mr. Robert Drummond
Address: 304. Winder St. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 25-40 (month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.
19. 2/26/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 24 - 1940, at ____ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____-19____, to ____-19____, and that I last saw h____ alive on ____-19____.

Immediate cause of death	DURATION
5 1/2 month	
Due to Stillbirth	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Dr. John H. Yearman M. D. or other
Address 221 1/2 Camden Ave. Salisbury Date signed 2/24/40

RECEIVED
MAR 8 1940
BUREAU V. S.

02418

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution 304 Winder
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 304. Winder
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Twin Baby Drummond
3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Baby
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 24. 1940
8. AGE: Years Stillborn Months Days If less than one day hrs. min.
9. Birthplace Salisbury Md.
(Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Robert Drummond
13. Birthplace Accomac County Va.
MOTHER 14. Maiden name Hazel Wilson
15. Birthplace Crisfield Md.
16. Informant Mr. Robert Drummond
Address 304. Winder st. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 25-40 (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Maryland.
19. 2/25/ 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24-1940 19 , at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .
Immediate cause of death 5 1/2 month
Due to Stillbirth
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. John H. Yeaman M. D. or other
Address 221 1/2 Camden Ave Salisbury Date signed 2/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1910
BUREAU V. S.

Dr. Rademaker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

02419

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: P-B. Hospt.
Stay in hospital or inst. (yrs., or mos., or days) 1/2 hour
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 110 Olive
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie V. Ellis

3. (b) Social Security Number None

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Widow

8 (b) Name of husband or wife: John J. Ellis
6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): March 4 - 1877

8. AGE: Years: 62 | Months: 11 | Days: 4 | If less than one day: hrs. min.

9. Birthplace: Salisbury Md.
(Town, county, and state)

10. Usual occupation: Home work

11. Industry or business: at Home

FATHER
12. Name: John Pollitt
13. Birthplace: Somerset Co. Md.

MOTHER
14. Maiden name: Sarah Jane Ellis
15. Birthplace: Snow Hill Md.

16. Informant: Mr. Mrs. Lecates
Address 110 Olive st. Salisbury Md

17. Burial (Burial, cremation, or removal? Which?) Date thereof Feb. 10 40 (Month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md.

18. Funeral director: Holloway & Co. Walter R. Holloway.
Address Salisbury Md.

19. 2/10/40 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8. 1940, at 10.20 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov — 1939 to Feb 8 1940, and that I last saw her alive on Feb. 8 1940

	DURATION
Immediate cause of death: Chronic myocarditis	3 yrs
Due to: Diabetes Mellitus	10 yrs
Due to:	
Other conditions: Chronic nephritis	6 mos +

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. A. Rademaker M.D.
M. D. or other
Address Salisbury, Md. Date signed 2/8/40

RECEIVED
MAR 5 1940
BUREAU F.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

02420

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md County Wicomico

City or town Salisbury md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Salisbury
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Samuel Ellis

3. (b) Social Security Number 220-10-8078 Ross

4. Sex: male

5. Color or race: a.a.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife no

6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Dec 26 1900

8. AGE: Years 39 | Months 1 | Days 10 | If less than one day ___ hrs. ___ min.

8. Birthplace Fruitland md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business no

FATHER
12. Name William Ellis
13. Birthplace Palomoke

MOTHER
14. Maiden name Annie Townsend
15. Birthplace Snowhill md

16. Informant Annie Ellis

Address Salisbury md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-8-40 (month) (day) (year)

Cemetery or crematory Family

Location Fruitland md

18. Funeral director James F. Stewart

Address Salisbury md

19. 2/8, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner's Certificate 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Burned to death

DURATION: ?

A burning building — a shack on the dump, was involved. C.W.G.R.

Due to Caused by an overheated stove, while deceased was intoxicated and asleep on a cot. C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident. Date of 2-4-40

Where did injury occur? Salisbury (City or town) Wicomico (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Burned to death Injured at work? no

23. SIGNATURE L.A. Rodenaker MD
Deputy Medical Examiner M.D. or other

Address Salisbury md Date signed 2/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

Dr. [redacted]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

02421

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: RD #1. Parsonsburg
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 72 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Wicomico County
City or town Parsonsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. RD. #1.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John W. Ennis

3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 3 - 1867
8. AGE: Years 72 Months 3 Days 9 If less than one day hrs. min.
9. Birthplace RFD. #1. Parsonsburg Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Own Farm
FATHER 12. Name Rufus Ennis
13. Birthplace Near Parsonsburg Md
MOTHER 14. Maiden name Elizabeth White
15. Birthplace Near Parsonsburg Md.
16. Informant Willard W. Ennis
Address RD. #1. Parsonsburg Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 14-40 (month) (day) (year)
Cemetery or crematory Parsonsburg Cem.
Location Parsonsburg Md
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 2/13 1940 Harriet Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12-1940 1125a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19 and that I last saw him alive on 19
Medical Examiner's Certificate
Immediate cause of death Coronary Thrombosis. DURATION One day
Due to Chronic myocarditis 5 mos
Arteriosclerosis 2 years.
Due to
Other conditions Tuberculosis - healed ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. O. Ridgewater M.D. Deputy Medical Examiner Wicomico Co. M. D. or other
Address Salisbury, Md Date signed 2-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

02422

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH

County Wicomico

City or town ~~Salisbury~~ Shad Point
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: RD#1. Salisbury Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 68 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Shad Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.D. #1. Salisbury Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mamie (or Mary) L. Fields

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John A. Fields

6 (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Aug. 31. 1871

8. AGE: Years 68 Months 5 Days 21 If less than one day hrs. min.

9. Birthplace near Shad Point Md.
(Town, county, and state)

10. Usual occupation Grocer

11. Industry or business Grocery Store

FATHER
12. Name Allison Smith
13. Birthplace Shaws Point Md

MOTHER
14. Maiden name Sarah Wright
15. Birthplace Balto Md

16. Informant Mr Nelson Smith
Address Siloam Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 23-40 (month) (day) (year)

Cemetery or crematory Shad Point

Location Shad Point Church yard

18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.

19. 2/23, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21, 1940, at 3:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 20 1940, to February 21, 1940, and that I last saw her alive on February 21, 1940.

Immediate cause of death Coronary Occlusion. DURATION 16 hours.

Due to

Due to

Other conditions Hypertension.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. Yeaman M.D.
M. D. or other

Address 22 1/2 Camden Ave Salisbury. Date signed 2/21/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940.
BUREAU OF S.

02423

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) Two weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md County Wicomico

City or town Fruitland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. no
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Lottie D. Games

3. (b) Social Security Number no

4. Sex female

5. Color or race a a

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Asriah Games

6(c) If alive, give age about 75 years

7. Birth date of deceased (mo., day, yr.) about 1889

8. AGE: Years 50 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Quantico md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business no

FATHER
12. Name Milbourn Gosley
13. Birthplace Quantico md

MOTHER
14. Maiden name Henretta White
15. Birthplace Quantico

16. Informant Wilson Dishield

Address Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 16-1940 (month) (day) (year)

Cemetery or crematory Union

Location Delmas md side

18. Funeral director James F. Stewart

Address Salisbury md

19. 2/16 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12th 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan-28 1940, to Feb 5 1940, and that I last saw her alive on Feb 4 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 15 days

Due to Hypertension — when

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hiver R Mann M. D. or other

Address Salisbury md Date signed 2/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02424

Reg. Dist. No. 331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Hebron
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Hebron Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Henry James Gillis

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Lula Dashiell
6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Nov. 20, 1860

8. AGE:

Years	Months	Days	If less than one day
79	2	16	hrs. min.

9. Birthplace: Hebron Md.
(Town, county, and state)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: Edmund Gillis
13. Birthplace: Hebron Md.
MOTHER 14. Maiden name: Sallie Bennett
15. Birthplace: Hebron Md.
18. Informant: Mrs. Lula D. Gillis
Address: Hebron, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/7/40 (month) (day) (year)
Cemetery or crematory: Mardela Cem.
Location: Mardela Md.
18. Funeral director: Mrs. C. B. Merrick & Sons
Address: Hebron Md.
19. Feb 6 1940 (Date rec'd by registrar) Mrs J M Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 5, 1940, at 9 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 5th 1940 to February 5th 1940, and that I last saw him alive on February 5th 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Arteriosclerosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: William Emrich M.D.
M. D. or other
Address: Hebron Md. Date signed: 2/6/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (486)

02425

CERTIFICATE OF DEATH

Reg. Dist. No. 44 306

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 701 East Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 701 East Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillie Florence Hastings

3. (b) Social Security Number 221-09-6526

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife A. C. Hastings

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1885

8. AGE: Years 54 Months 3 Days 26 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation House Work

11. Industry or business Home

FATHER 12. Name Sidney Parsons

13. Birthplace Maryland

MOTHER 14. Maiden name Maria Parsons

15. Birthplace Md.

16. Informant A. C. Hastings

Address Delmar, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-3-40 (month) (day) (year)

Cemetery ~~or crematory~~ M. P. Cem

Location Delmar Del

18. Funeral director Will S. Mann

Address Delmar Del

19 Feb 3, 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940, at 2:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939 to Feb 1 1941, and that I last saw h 4 alive on Feb 1st 1941.

Immediate cause of death Hemorrhage from lower bowel — DURATION for days

Due to Carcinoma of uterus & rectum — 2 yrs

Due to Primary carcinoma of uterus. Duration: two years.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. H. Lynch M. D. or other

Address Delmar Del Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1940
BUREAU V. R.

02426

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 41 336

1. PLACE OF DEATH:

County: Wicomico

City or town: Delmar Del. Md. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Rural Delmar Md. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Near Delmar Md. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William H Hearn

3. (b) Social Security Number: 716-01-94-10

4. Sex: male

5. Color or race: a a

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Allice Hearn

6(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Mar 14 1888

8. AGE: Years: 51 Months: 11 Days: 15 If less than one day: hrs. min.

9. Birthplace: Delmar (Town, county, and state)

10. Usual occupation: Janitor for

11. Industry or business: Pennsylvania R.R. Co

FATHER
12. Name: John Hearn
13. Birthplace: Delmar Md Sice

MOTHER
14. Maiden name: Ida Harvey
15. Birthplace: Madella Springs

16. Informant: Mrs Allice Taylor

Address: Delmar Del

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 4-1940 (month) (day) (year)

Cemetery or crematory: Union

Location: Delmar

18. Funeral director: James F. Stewart

Address: 402 E Church St Salisbury Md

19. 3-1- 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 29 1940, at 8:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 29 1940 to Feb 29 1940, and that I last saw him alive on Feb 29 1940.

Immediate cause of death: Cebral Hemorrhage — DURATION: 16 hours

Due to: Hypertension & arteriosclerosis — 1 yr

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: S. H. Lynch M. D. or other

Address: Delmar Del. Date signed: Mar 6 1940

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1940
BUREAU V. S.

Dr. Rademaker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02427

(77)

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 303 Light street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md County Wicomico
City or town Salsbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 305 Light street (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Norman L. Hose

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Ida V. Hose
6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) July 12 - 1861

8. AGE:

Years	Months	Days	If less than one day
78	7	1	hrs. min.

9. Birthplace Hagerstown Md (town, county, and state)
10. Usual occupation retired
11. Industry or business Grocery man

FATHER
12. Name John Hose
13. Birthplace Hagerstown Md.

MOTHER
14. Maiden name Mary Miller
15. Birthplace Hagerstown Md.

16. Informant Mr. Carl F. Jones
Address 303 Middle

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 15-40 (month) (day) (year)
Cemetery or crematory Parsons Cemetery
Location Salsbury Md
18. Funeral director Hollowayer & Walter R. Holloway
Address Salisbury Md.

19. 2/13/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13-1940 19 (1:15a M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1939 to Feb 13 1940, and that I last saw h- l- alive on Feb. 13 1940

Immediate cause of death	DURATION
Gangrene of left leg	3 weeks
Due to Arteriosclerosis - general	8 years.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Injured at work?

23. SIGNATURE Lo Rademaker M.D.
M. D. or other
Address Salisbury, Md. Date signed 2/13/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

02428

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Wicomico

City or town Mardela, rural Near (Athol)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Mardela Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Samuel Hurley

3. (b) Social Security Number

4. Sex: Male | 5. Color or race: white | 6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1860

8. AGE: Years 80 | Months — | Days 5 | If less than one day hrs. min.

9. Birthplace Mardela Md.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business Own Farm

FATHER
12. Name Alexander Hurley
13. Birthplace Mardela Md.

MOTHER
14. Maiden name Elizabeth — ? —
15. Birthplace ?

16. Informant James Hurley
Address Mardela Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/18/'40 (month) (day) (year)

Cemetery or crematory Mardela Cem.

Location " Md.

18. Funeral director Mrs. C. G. Messick & Son's
Address Hebron Md.

19. 2/18/40 19 (Date rec'd by registrar) W. H. Robertson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 1940, to Feb 14 1940, and that I last saw him alive on Feb 14th 1940.

Immediate cause of death Cerebral Hemorrhage

Due to age & blood vessels

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. C. Turner M. D. or other

Address Mardela Md. Date signed 2/14/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02429

Reg. Dist. No. 333

PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: John R. Parsons Home for the Aged

Stay in hospital or inst. (yrs., or mos., or days): 8 yrs. 8 mos. 26 days

Stay in this community (yrs., or mos., or days): 7 " "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Wicomico Cecil

City or town: Salisbury North East Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Lemon Hill

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Catherine Gootee Johnson

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: John M. Johnson

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): May 22, 1855

8. AGE:

Years	Months	Days	If less than one day
84	8	18	____ hrs. ____ min.

9. Birthplace: Cecil County, Maryland (Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER

12. Name: James E. Carter

13. Birthplace: Cecil County, Maryland

MOTHER

14. Maiden name: Mary Jones

15. Birthplace: Cecil County, Maryland

16. Informant: Supt. John R. Parsons Home

Address: Lemon Hill, Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 13, 1940 (month) (day) (year)

Cemetery or crematory: River View Cemetery

Location: Wilmington, Delaware

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Maryland.

19. 2/11, 1940 Harriet E. Johnson (Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 10, 1940, at 6:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner 19 to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Carcinoma of Breast	unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Joseph Richardson M.D. Deputy Medical Examiner M.D.

M. D. or other

Address: Salisbury, Md. Date signed 2/10/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

02430

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Fruitland Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) about 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Fruitland Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. no
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Josephine King

3. (b) Social Security Number no

4. Sex: female

5. Color or race: a.a.

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John King

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): about 1864

8. AGE: Years: about 75 | Months: — | Days: — | If less than one day: ____ hrs. ____ min.

9. Birthplace: Snow Hill Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: no

FATHER
12. Name: Caleb Townsend
13. Birthplace: Fruitland Md

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Amanda Cottman
Address: Princess Anne Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 15 1940 (month) (day) (year)

Cemetery or crematory: Mt Calvery

Location: Fruitland Md

18. Funeral director: James H. Stewart
Address: Salisbury Md

19. 2/15 1940 Harriet E. Johnson Social Registrar
(Data rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 12 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 5, 1940, to Feb 12 1940, and that I last saw her alive on Feb 10 1940.

Immediate cause of death: Valvular Heart Disease

Due to

Due to

Other conditions: Influenza

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION: unknown; 8 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Hiram R Mann M. D. or other
Address: Sobiley Md Date signed: Feb 15 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2) Reg. Dist. No. 337

CERTIFICATE OF DEATH

02431

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Bivalve (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Bivalve (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline D. Lamont

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Isaac Lamont

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/18/1846

8. AGE: Years 93 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Bivalve, Wicomico, Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name William Insley
13. Birthplace Bivalve

MOTHER 14. Maiden Name Elizabeth Lamont
15. Birthplace Bivalve Md.

16 (a) Informant William Lamont
(b) Address Bivalve Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/'40 (month) (day) (year)
(c) Cemetery or crematory Bivalve Cem.
Location Bivalve, Md.

18 (a) Funeral director Mrs C.G. Messick & Sons
(b) Address Bivalve Md.

19 (a) 2-29-40 (Date rec'd by registrar) (b) R. Woodford Walter Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 25, 1940, at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16th 1940, to Feb 27th 1940, and that I last saw him alive on 19.

Immediate cause of death	Duration
(a) Arteriosclerosis	
Chronic Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Emrich (M. D. or other)
Address Helen - Md Date signed Feb 29

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02432

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 104 Elizabeth St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 63 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 104 Elizabeth St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Florence Phelps Sowe

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James H. Sowe

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 7, 1854

8. AGE: Years	Months	Days	If less than one day
85	3	8	____ hrs. ____ min.

9. Birthplace Cambridge, Dorchester, Md. (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Home

FATHER
12. Name Dr. Francis P. Phelps
13. Birthplace Cambridge, Maryland

MOTHER
14. Maiden name Mary R. Springer
15. Birthplace Harford Co. Maryland

16. Informant Miss Mary S. Sowe
Address 104 Elizabeth St. Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 17, 1940 (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury, Md.
18. Funeral director The Hill & Johnson Co.
Address Salisbury Maryland
19. 2/16, 19 40 Harry E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 February 1940 at 7:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939 to 15 February 1940, and that I last saw her alive on 15 February 1940

	DURATION
Immediate cause of death: Chronic myocarditis	several yrs.
Due to: Arteriosclerosis	several yrs.
Due to: Senility	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. W. Keen, M. D. (M. D. or other)
Address Salisbury, Md. Date signed 2-16-40

RECEIVED
MAR 5 1940
BUREAU V. S.

02433

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77c)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 68 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town near Eden Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. RD #1.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Humphrey Martin

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) No Record

8. AGE: Years 68 | Months | Days | If less than one day hrs. min.

9. Birthplace Eden Md. RD #1
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business At Home
FATHER 12. Name William Martin
13. Birthplace Eden Md.
MOTHER 14. Maiden name Martha Missick
15. Birthplace Witipquin Md.
18. Informant John J. Martin
Address Fruitland Md.
17. Burial Date thereof Mar 1-40
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Allen Cem.
Location Allen Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 3/1, 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26th 1940 (2308 P)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____, to ____ 19__, and that I last saw ____ alive on ____ 19__.
Medical Examiner's Report

Immediate cause of death Exposure to cold — DURATION 1 day
Due to alcoholic intoxication — 3 hrs.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. A. Rademaker M.D. Deputy Medical Examiner
M. D. or other
Address Salisbury Md Date signed 2/27/40

VS A15 (I) (M) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-d)

02434

Reg. Dist. No. 11 036

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R-L-D 3

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 64 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R L D 3

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME William Leonard Morris

3. (b) Social Security Number none

4. Sex male 64

5. Color or race White

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Eva Ellen Morris

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1875

8. AGE: Years 64 Months 7 Days 2 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Retired Merchant

11. Industry or business Grocery Store

FATHER 12. Name Jas. M. Morris

13. Birthplace Md

MOTHER 14. Maiden name Matilda Parker

15. Birthplace Md.

16. Informant Harry Morris

Address Delmar, Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 2-12-40 (month) (day) (year)

Cemetery or ~~crematory~~ Nelsons

Location Delmar, Md.

18. Funeral director Will S. Morris

Address Delmar, Md

19. Feb. 12 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1940, at 8:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to Feb 10 1940, and that I last saw him alive on Feb 8 1940.

Immediate cause of death Acute dilatation of heart — DURATION for hours

Due to Myocarditis & Pernicious anemia — 2 yr.

Due to Chronic myocarditis; duration, four years. C.W.G.R.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. H. Lynch M. D. or other

Address Delmar Md Date signed Feb 11 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

02435

CERTIFICATE OF DEATH

Reg. Diat. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico Co.
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 105 Winder St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 105 Winder St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME John Mayne

3. (b) Social Security Number none

4. Sex: Male | 5. Color or race: white | 6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Edith Mayne

6(c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Feb 25 1902

8. AGE: Years 37 | Months 11 | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace Mt Vernon Somerset Md.
(Town, county, and state)

10. Usual occupation watchman

11. Industry or business Captain of freight boat

FATHER 12. Name John Mayne

13. Birthplace Richmond Va.

MOTHER 14. Maiden name Minnie Parks

15. Birthplace Mt Vernon

16. Informant Edith Mayne

Address 105 Winder St Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 20, 1940 (month) (day) (year)

Cemetery or crematory Asbury cemetery

Location Mt Vernon Md.

18. Funeral director Dale Dashiell

Address Princess Anne Md.

19. 2/19/1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1940, at 10:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw h[illegible] alive on ____ 19__.

Immediate cause of death Coronary Thrombosis — DURATION: sudden death

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy none

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE J. A. Rademacher M. D. Deputy Medical Examiner
M. D. or other

Address Salisbury Maryland Date signed 2-19-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (61)

Reg. Dist. No. 337

02436

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Bivalve
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 6 Mo.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Bivalve Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura W. McClellan

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Jackson McClellan

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24 1861

8. AGE: Years 78 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Providence R.I.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Lewis Hall
13. Birthplace Providence RI

MOTHER
14. Maiden Name Virginia Kline
15. Birthplace Philadelphia, Pa

16 (a) Informant William J McClellan
(b) Address Bivalve Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-40 (month) (day) (year)
(c) Cemetery or crematory Bivalve, Mp. Cem.
Location Bivalve, Md.

18 (a) Funeral director Mrs. L. E. Nessick & Sons
(b) Address Bivalve Md

19 (a) 3-1-40 (Date rec'd by registrar) (b) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 29 1940, at 1:30 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10th 1940, to Feb. 24 1940, and that I last saw him alive on Feb. 24th 1940.

Immediate cause of death Diabetes

Due to

Due to

Other conditions Gangrene of Foot Hemiplegia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Emrich M. D. or other
Address Hebron - Md. Date signed Feb. 29 1940

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

02437

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1003 W. Main
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Messick
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Baby.
8 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 10 - 1940

8. AGE: Years — Months — Days — If less than one day 4 hrs 50 min

9. Birthplace P.G. Hospt. Salisbury Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER
12. Name J. Bishop Messick
13. Birthplace Bivalve Md.
MOTHER
14. Maiden name Elsie Reddish.
15. Birthplace Quantico Md.
16. Informant J. Bishop Messick
Address 1003 W. Main St. Salisbury Md
17. Burial Date thereof Feb. 11-40
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Methodist Cem.
Location Quantico Maryland
18. Funeral director Holloway & Co Walter R. Holloway
Address Salisbury Maryland.
19. 2/11/ 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10th 1940 at (1020 a M)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10th 1940 to 5 AM Ca
and that I last saw h alive on 1020 AM. 19
Immediate cause of death Premature
Due to birth 7 mo.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D Allen Field M. D. or other
Address Nanticoke Md Date signed 2-11-40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

02438

Reg. Dist. No. 331

1. PLACE OF DEATH:
County: Wicomico
City or town: Nelson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days): ✓
Stay in this community (yrs., or mos., or days): 77 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Nelson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Charlotte Anne Mills

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

B (b) Name of husband or wife: Isaac Mills
6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Feb. 14, 1847.

8. AGE:

Years	Months	Days	If less than one day
92	11	21	hrs. min.

9. Birthplace: Wicomico Co., Md.
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: George Jenkins
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Sarah Malone
15. Birthplace: Wicomico Co., Md.

16. Informant: Mrs. John Wilkinson.
Address: Nelson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/7/40 (month) (day) (year)
Cemetery or crematory: Quantico
Location: Quantico, Md.

18. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.

19. Feb 6 1940 (Date rec'd by registrar) Mrs J. M. Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 5, 1940, at 5.00 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that~~ I attended deceased from Feb. 4-40 1940 to Feb. 4-40 1940, and that I last saw h- alive on Feb. 4-40 1940.

Immediate cause of death	DURATION
Arteriosclerosis	
Chronic Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: William Emrich M. D. or other
Address: Nelson - Md. Date signed Feb. 6-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

02439

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Wicomico

City or town Mardela

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Mardela Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Irene C. Mohler

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband ~~or wife~~ Charles L. Mohler

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1872

8. AGE: Years 67 | Months 4 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace Mardela Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Joshua Hopkins

13. Birthplace Mardela Md.

MOTHER

14. Maiden name Sarah Mills

15. Birthplace Mardela Md.

16. Informant Frank Mohler

Address Mardela, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/18/40 (month) (day) (year)

Cemetery or crematory Mardela Cem.

Location Mardela Md.

18. Funeral director Mrs. C. G. Messick & Son's

Address Hebron Md.

19. 2/18/40 19 (Date rec'd by registrar) W. H. Robertson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1940, at 11:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 3rd 1940, to Feb. 15 1940, and that I last saw h[illegible] alive on Feb. 15 19

Immediate cause of death Exp. of Cerfey

Due to Vascular System

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. C. [illegible] M. D. or other

Address Mardela Md. Date signed 2/16/40

RECEIVED
MAR 6 1940
BUREAU V. S.

02440

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury Md No. 100 Livingston St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Frances Oliphant

(a) Residence: No. Vienna Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: G. Franklin Oliphant

6. DATE OF BIRTH (month, day, and year): Sept. 1, 1878

7. AGE: Years 62 | Months 5 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: own home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dorchester Co. Maryland

FATHER

13. NAME: Joseph Davenport

14. BIRTHPLACE (city or town) (State or country): Dorchester Co. Maryland

MOTHER

15. MAIDEN NAME: Rennie Hurley

16. BIRTHPLACE (city or town) (State or country): Dorchester Co. Maryland

17. INFORMANT (Address): Milly Langford Salisbury Md.

18. BURIAL, CREMATION, OR REMOVAL

Burial Place: Zion Vienna Date: Feb 22, 1940

19. UNDERTAKER (Address): W. B. Willoughby Hurlock Md.

20. FILED 2/20, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 20th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1940, to 2/20, 1940

I last saw her alive on 2/19, 1940; death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (terminal)	2/15/40

Other Contributory Causes of importance:

Diabetes	3 yrs

Name of operation: none Date of

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas. F. Fisher M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1929 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-a

CERTIFICATE OF DEATH

02441

Reg. Dist. No. 11 336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico Co.
City or town: Delmar
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: R.F.D. # 3
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico Co.
City or town: Delmar Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D. # 3
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: H. Richie Parsons

3. (b) ~~Social~~ Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Della Parsons
6(c) If alive, give age: 45 years
7. Birth date of deceased (mo., day, yr.): Aug. 9, 1884
8. AGE: Years: 55 | Months: 6 | Days: 14 | If less than one day: hrs. min.
9. Birthplace: Pittsville Md. (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Home Bldg.
FATHER 12. Name: Unknown
13. Birthplace: No Record
MOTHER 14. Maiden name: Unknown
15. Birthplace: No Record.
16. Informant: Doris Parsons
Address: West Main st Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 26-40 (month) (day) (year)
Cemetery or crematory: Parlow Cemetery
Location: Pittsville Md.
18. Funeral director: Holloway & Walter R. Holloway
Address: Salisbury Md.
19. Feb 26 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 23 1940 (11:25 P.M.)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 2 1940, to Feb 23 1940, and that I last saw h~~im~~ alive on Feb. 22 1940.

	DURATION
Immediate cause of death: Cerebral Hem.	48 hrs
Due to: Arterio Sclerosis	2 yr
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Injured at work?

23. SIGNATURE: J. M. Gunby M. D. or other
Address: Salisbury Md. Date signed: Feb 25/40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CB 02442

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
506 E. Church St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) About 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Virginia County Southampton

City or town Capron Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR no

3. (a) FULL NAME Rutta M. Peet

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	a.a	widowed

6 (b) Name of husband or wife Joseph Peet

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-8-1889

8. AGE:

Years	Months	Days	If less than one day
50	11	2	hrs. min.

9. Birthplace Capron Southampton Co., Va.
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business None

FATHER
12. Name Don't know
13. Birthplace Don't know

MOTHER
14. Maiden name Frances Golson
15. Birthplace Capron Virginia

16. Informant Mrs. Hattie Rhodes
Address 506 E. Church St. Salisbury Md.

17. Burial Date thereof 2-13-'40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Missouri Cemetery

Location Boykins, Virginia

18. Funeral director James F. Stewart

Address 402 E. Church St. Salisbury Md.

19. 2/12/1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1940, to Feb. 8 1940; and that I last saw her alive on Feb 8 1940

Immediate cause of death	DURATION
Valvular Heart Disease	Unknown
Due to Chronic Nephritis	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Theron R. Mann M. D., or other

Address Salisbury Md Date signed 2/10/40

FEB 17 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

02443

CERTIFICATE OF DEATH

(93d)

Reg. Dist. No. 337

1. PLACE OF DEATH:
County Wicomico
City or town Tyaskin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Tyaskin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Pope

3. (b) Social Security Number

4. Sex F
5. Color or race Wa
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Greensburg Pope
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 15th 1864

8. AGE: Years 75 Months 2 Days 7 If less than one day hrs. min.

9. Birthplace Sommerset (Town, county, and state)
10. Usual occupation none
11. Industry or business
FATHER 12. Name Alfred Wingate
13. Birthplace ?
MOTHER 14. Maiden name Mary E. Wingates
15. Birthplace ?
16. Informant Mrs Lillian Catlin
Address Tyaskin
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 24, 1940 (month) (day) (year)
Cemetery or crematory Tyaskin
Location Tyaskin M.E. Church Cem
18. Funeral director Mrs C.E. Messick & Sons
Address Bivalve, Md.
19. 2-24 1940 (Date rec'd by registrar) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1940, at 3 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 18 1940, to 19
and that I last saw her alive on Feb 18, 1940, 19
Immediate cause of death Bronchopneumonia
Due to
Due to
Other conditions Myocarditis, Chronic. Duration: five years. C.W.R.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D. Allen Field M. D. or other
Address Nanticoke Date signed 2-24-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (100)

CB 02444

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula Gen Hospital
Stay in hospital or inst. (yrs., or mos., or days) 14 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia County Accomac
City or town Chincoteague Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Post, Thomas L.

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 5 1888
8. AGE: Years 51 Months 11 Days 16 If less than one day hrs. min.
9. Birthplace Chincoteague, Va (Town, county, and state)
10. Usual occupation Dealer in Sea Foods
11. Industry or business
FATHER 12. Name Thomas L. Post
13. Birthplace Austria
MOTHER 14. Maiden name Julia A. Stubbs
15. Birthplace Chincoteague, Va
16. Informant Mr. Rudolph Post
Address Chincoteague, Va
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 25, 1940 (month) (day) (year)
Cemetery or crematory Mechanics
Location Chincoteague, Va
18. Funeral director Walter M. Clark
Address Chincoteague, Va
19. 2/23, 1940 (Date rec'd by registrar) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1940, at 5 50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 8 1940, to Feb 21 1940, and that I last saw h 1 m alive on Feb 21 1940.

Immediate cause of death: Lobar Pneumonia — DURATION 8 days.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: none
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE S A Rademaker M.D. M. D. or other
Address Salisbury Md Date signed 2-21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02445

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: md County: Wicomico

City or town: Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 329 Church St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: md

3. (a) FULL NAME: Henretta Pennell

3. (b) Social Security Number: no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	a.a.	widows

(b) Name of husband or wife: Orlando Pennell

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): about 1856

8. AGE: Years: about 83 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Salisbury md (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: no

FATHER — 12. Name: Caleb Dixon

FATHER — 13. Birthplace: Salisbury md

MOTHER — 14. Maiden name: Hannetta Hammond

MOTHER — 15. Birthplace: Salisbury md

16. Informant: Mrs Maranda Dixon

Address: Salisbury md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 11 1940 (month) (day) (year)

Cemetery or crematory: Hanston

Location: Salisbury md

18. Funeral director: James F Stewart

Address: Salisbury md

19. 2/11/40 (Date rec'd by registrar) Harriet E Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 5, 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 30, 1940, to Feb 5, 1940, and that I last saw her alive on Feb. 5, 1940.

Immediate cause of death	DURATION
Acute Myocarditis	A few hrs
Due to Shock	
Due to Influenza	Few days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G H Lembly, M. D. or other

Address: Salisbury md Date signed: Feb 10, 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

02446

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 330

1. PLACE OF DEATH

~~County~~ Mardela Md.

~~City or town~~ Wicomico County

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ~~Md.~~ Va. County ~~Wicomico~~ Accomac

City or town ~~Mardela~~ Oak Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hester Purnell

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years: About 65 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Accomac County, Va. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: George Purnell

13. Birthplace: Oak Hall, Va.

MOTHER

14. Maiden name: Anna Reeves

15. Birthplace: Painter Va.

16. Informant: Peerless Holden

Address: Lake St. Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/18/40 (month) (day) (year)

Cemetery or crematory: Oak Hall Cem.

Location: Oak Hall, Va.

18. Funeral director: Mrs C. C. Merrick & Sons

Address: Hebron Md.

19. 2/18/40 19 (Date rec'd by registrar) W. H. Robertson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 13, 1940, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1940, to Jan 18 1940, and that I last saw her alive on ~~Jan~~ Feb 12 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 1 month

Due to: Arteria Sclerosis — 7 / 1

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: H. S. Kuhlmann M.D. M. D. or other

Address: S Lurptown Md — Date signed 2/15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02447

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLACE OF DEATH:

County: Wicomico Md

City or town: Salisbury md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pillsts alley no

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) about 22 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md County Wicomico

City or town Salisbury md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Pillsts Alley
(If rural give LOCATION)

2(a) If VETERAN, NAME WAR no

3. (a) FULL NAME Henry Shawell

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a.a.	widower

6 (b) Name of husband or wife Annie Shawell

6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
60	—	—	hrs. min.

9. Birthplace Near Berlin md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business no

FATHER 12. Name Levin Hemman

13. Birthplace Worcester Co near Berlin

MOTHER 14. Maiden name Phyllis Shawell

15. Birthplace Berlin md

16. Informant Mrs Mary Franklin md

Address Pillsts Alley, Salisbury

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-7-40 (month) (day) (year)

Cemetery or crematory Pilsa Cem.

Location Nebo md.

18. Funeral director James F. Stewart

Address Salisbury md

19. 2/7/1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5, 1940 at 3:45 P. M

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from Jan. 31, 1940 to Feb 5, 1940

and that I last saw h alive on Feb. 4, 1940

Immediate cause of death	DURATION
Bronchial Pneumonia	2 days
Due to Influenza	3 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. Sembly M. D. or other

Address Salisbury Md Date signed 2/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

Dr Chas. Brown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52

12448

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH

County Wicomico Co

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address (hospital, or institution): R.D. #3

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico Co

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. RD #3

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rhoda C. Smack

3. (b) Social Security Number None

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: J. Thomas Smack

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): July 5 - 1865

8. AGE: Years: 74 | Months: 7 | Days: 1 | If less than one day: hrs. min.

9. Birthplace: Near Salisbury Md (Town, county, and state)

10. Usual occupation: Home work

11. Industry or business: at Home

FATHER 12. Name: Jenkins Parsons

FATHER 13. Birthplace: Walston Md

MOTHER 14. Maiden name: Mary Selby

MOTHER 15. Birthplace: Shaystown Md

16. Informant: Mrs Lucy Dickerson

Address 420 Washington st. Salisbury Md

17. Burial (Burial, cremation, or removal) Which?) Date thereof Feb. 8-40 (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location Salisbury Md.

18. Funeral director: Holloway & C. Walter R. Holloway

Address Salisbury Md.

19. 2/8 1940 (Date rec'd by registrar) Carrie E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6th 1940 at 7.40 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1st 1940 to Feb 6 1940

and that I last saw h alive on Feb 6 1940

	DURATION
Immediate cause of death: Carcinoma Bladder	6 mos
Due to: Chronic Cystitis	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Nature of injury Injured at work?

23. SIGNATURE Charles M Brown M. D. or other

Address Salisbury Md Date signed 2/8/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

02449

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury 2nd

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): about 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury 2nd Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D. No. 2

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: John C Shuell

3. (b) Social Security Number: no

4. Sex	5. Color or race	6(a) Single, married, widowed, or divorced
male	a a	widower

6 (b) Name of husband or wife: no

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): about 1860

8. AGE:

Years	Months	Days	If less than one day
79	—	—	____ hrs. ____ min.

9. Birthplace: Snowhill (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: no

FATHER 12. Name: unknown

FATHER 13. Birthplace: unknown

MOTHER 14. Maiden name: unknown

MOTHER 15. Birthplace: unknown

16. Informant: Twilly Dashiell

Address: Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 6 1940 (month) (day) (year)

Cemetery or crematory: Salisbury

Location: Salisbury Md

18. Funeral director: James F Stewart

Address: Salisbury Md

19. 2/15 1940 (Date rec'd by registrar) Carroll E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 3rd 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1940 to Feb 3 1940, and that I last saw him alive on Jan 20 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to Hypertension	4 years
Due to Chronic Nephritis	unknown
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ____ Injured at work?

23. SIGNATURE: Hiram R Mann M. D. or other

Address: Salisbury Md Date signed: Feb 4-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-d)

CERTIFICATE OF DEATH

02450

Reg. Dist. No. 333

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Wicomico

City or town Fruitland md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wicomico

City or town Fruitland md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. no

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Eben L Stanford

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a f	Widower

6 (b) Name of husband or wife Elenora Stanford

6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Mar 7 1860

8. AGE:

Years	Months	Days	If less than one day
79	11	22	hrs. min.

9. Birthplace Fruitland md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business no

FATHER

12. Name William Stanford

13. Birthplace Fruitland md

MOTHER

14. Maiden name Henretta Bonk

15. Birthplace Fruitland md

16. Informant Emmett Stanford

Address Fruitland md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 3-1940 (month) (day) (year)

Cemetery or crematory Family

Location Fruitland md

18. Funeral director James F. Stewart

Address Salisbury Md

19. 3/3 1940 Harriet E. Johnson (Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1940, at 7-5 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 14 1940 to Feb 14 1940, and that I last saw h- in alive on Feb 14 1940.

Immediate cause of death	OURATION
Chronic myocarditis	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J B Brunner M.D.

M. D. or other

Address Salisbury Date signed Feb 29

RECEIVED
MAR 5 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

02451

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico P. G. Hospital

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P. G. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 11

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Upper Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sherman Waters

3. (b) Social Security Number yes

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced ✓

6 (b) Name of husband or wife Sarah Waters

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 65 | Months | Days | If less than one day hrs. min.

9. Birthplace Manokin Md (Town, county, and state)

10. Usual occupation Cook

11. Industry or business

FATHER 12. Name Levin Waters

13. Birthplace Manokin

MOTHER 14. Maiden name Anne Waters

15. Birthplace Manokin, Md

16. Informant H. S. Wilson

Address Upper Hill, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/28/40 (month) (day) (year)

Cemetery or crematory

Location Upper Hill Md.

18. Funeral director Herbert S. Wilson

Address Upper Hill, Md

19. 2/26 1940 Harriet E. Johnson Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26 1940, 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/16 1940, to 2/26 1940, and that I last saw him alive on 2/26 1940.

Immediate cause of death — DURATION

Hemiplegia — [illegible]

Pneumonia — [illegible]

Due to Chr. Nephritis — [illegible]

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Salisbury Date signed 2/26/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02452

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Worcester

City or town Salisbury, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Deals Island Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Wheatley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	White	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1940

8. AGE:

Years	Months	Days	If less than one day
Stillborn			hrs. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Martin Wheatley

13. Birthplace Md.

MOTHER

14. Maiden name Lena Twigg

15. Birthplace Md.

16. Informant Sadie Twigg

Address Deals Island, Md

17. Feby 16th (Burial, cremation, or removal. Which?) Date thereof Feby 16-40 (month) (day) (year)

Cemetery or crematory Deals Island

Location Deals Islands

18. Funeral director H. E. Webster

Address Deals Island Md

19. Feby 16th 1940 (Date recd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15- 1940, at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-15- 1940, to 2-15- 1940, and that I last saw h alive on 19

Immediate cause of death	DURATION
Stillborn	
Due to Strangulation - (cord tight around neck)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lewis R Mann M. D. or other

Address Salisbury Md Date signed 2/15/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

02453

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico County

City or town Salisbury, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury, Rt #4 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Route #4

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Williams.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 16 February, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

Stillborn

9. Birthplace U.S. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name David William Williams (2) (1)

13. Birthplace U.S.

MOTHER 14. Maiden name Ida Mae Cody

15. Birthplace U.S.

16. Informant David W. Williams (2) (1)

Address Salisbury, Md. Rt #4

17. Burial Date thereof 2/18/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parker Mem.

Location Near Salisbury, Md.

18. Funeral director W. O. Williams

(Acting) Address Rt 4 Salisbury, Md.

19. 2/17, 1940 Harry E. Johnson Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 February 1940 at 8:00 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death	DURATION
Stillborn	
Due to	
Due to Premature	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Wilkins, M.D.

M. D. or other

Address Salisbury, Md. Date signed 2-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1948
BUREAU V. S.

Dr. Insley.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-a)

02454

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 day.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. West st. R.F.D. #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nancy Lee Williams

3. (b) Social Security Number None

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 20. 1940
8. AGE: Years | Months | Days 1 | If less than one day hrs. min.
9. Birthplace P.G. Hospt. Salisbury Md (Town, county, and state)
10. Usual occupation Baby
11. Industry or business
FATHER 12. Name James C. Williams
13. Birthplace Salisbury Md.
MOTHER 14. Maiden name Kathryn Hammond
15. Birthplace Delmar Del.
16. Informant James C. Williams
Address R.F.D. #1. West st. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 22-40 (month) (day) (year)
Cemetery or crematory Wico. Mem. Park
Location Salisbury Md.
18. Funeral director Holloway & C. Walter R. Holloway
Address Salisbury Md.
19. 2/22 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21st 1940, at 4.15 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw her alive on 2-20-40 19
Immediate cause of death Cerebral hemorrhage
Due to Forceps delivery.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Phelps C. Insley M.D. M. D. or other
Address Salisbury Md Date signed 2-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

02455

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County: Wicomico

City or town: Nanticoke
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Nanticoke Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Georgiana Georgia D. Willing

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: John W Willing

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 16 1849

8. AGE: Years: 90 Months: 5 Days: 3 If less than one day ____ hrs. ____ min.

9. Birthplace: Tyaskin Md
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Ware C. Willing
13. Birthplace: Tyaskin, Md

MOTHER
14. Maiden name: Rebecca Turner
15. Birthplace: Tyaskin, Md.

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 21-40 (month) (day) (year)

Cemetery or crematory: Private cem.

Location: on Willing Farm Nanticoke Md

18. Funeral director: Mrs L G Messick & Sons

Address: Bivalve, Md

19. Feb. 20 1940 (Date rec'd by registrar) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 19th 1940, at 2 45 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-18-40 19 to Feb 19 1940, and that I last saw h alive on Feb 19-40 19

Immediate cause of death: Bronchi. Pneumonia Terminal.

Due to: Acute Dilatation of Heart.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: S Allen Fields M. D. or other

Address: Nanticoke Md Date signed 2-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-F)

02456

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County Wicomico

City or town Nanticoke
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Nanticoke Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Spring Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie E. Waters

3. (b) Social Security Number

4. Sex: F

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert Waters

6(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) January 12, 1900

8. AGE: Years 40 | Months — | Days 20 | If less than one day ___ hrs. ___ min.

9. Birthplace Nanticoke Md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Caleb Barclay
13. Birthplace Nanticoke

MOTHER
14. Maiden name Elizabeth King
15. Birthplace Nanticoke Md

16. Informant Robert Waters

Address Nanticoke

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 4 1940 (month) (day) (year)

Cemetery or crematory Nanticoke Md

Location " "

18. Funeral director Mrs C. D. Messick & Sons

Address Bivalve Md

19. Feb. 2 1940 (Date rec'd by registrar) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940, at 7a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 3 39, to Feb. 1 1940, and that I last saw h[illegible] alive on Feb. 1 1940.

Immediate cause of death: Carcinoma of the Liver

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Unknown

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. D. Browne M.D.
M. D. or other

Address Salisbury Md Date signed 2-1-40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B)

02457

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Quantico
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Dillborn

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Quantico Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Wimder

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	colored	single

B (b) Name of husband or wife None
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1940

8. AGE: Years Dillborn | Months | Days | If less than one day — hrs. — min.

9. Birthplace Quantico Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Dillborn
13. Birthplace —

MOTHER
14. Maiden name Eleanor Ray Wimder
15. Birthplace Quantico Md

16. Informant Lilly Wimder
Address Quantico Md

17. Burial Date thereof Feb 14 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Quantico
Location Quantico Md

18. Funeral director None
Address

19. Feb 14 1940 Mrs J. M. Wallace
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1940, at 11 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 13 1940 to Feb 13 1940, and that I last saw h alive Dillborn 19

Immediate cause of death	DURATION
Dillborn	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hiram R Mann M. D. or other
Address Salisbury Md Date signed 2/13/40

RECEIVED
MAR 5 1910
BUREAU V. S.